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## BIB DATA SHEET

CONFIRMATION NO. 9155

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/529,567	03/28/2005 RULE	606	3773	2864 (203-3484)		
<b>APPLICANTS</b> Michael Primavera, Milford, CT; Kevin Clair, Easton, CT; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/31640 10/06/2003 which claims benefit of 60/416,058 10/04/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged /SON H DANG/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Tyco Healthcare Group LP 60 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473 UNITED STATES						
<b>TITLE</b> Surgical suturing apparatus with measurement structure						
<b>FILING FEE RECEIVED</b> 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		